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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE 1025 CONNECTICUT AVENUE, N.W. ADDRESS (number and street) **SUITE 1104** Check if different than previously WASHINGTON DC 20036 reported. (ACC) **FEC IDENTIFICATION NUMBER STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00325936 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2008 07 3 1 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Keith S. Naunheim Type or Print Name of Treasurer Electronically Filed by Dr. Keith S. Naunheim 08 15 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE [®] D D 0 7 0.7 0 1 2008 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 61602.53 January 1 (b) Cash on Hand at 45891.46 Begining of Reporting Period 31446.00 139787.00 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 77337.46 201389.53 6(a) and 6(c) for Column B) 8637.29 132689.36 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 68700.17 68700.17 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE

0 1 м м 0 7 м м 0 7 3^D1 2008 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 133256.00 29346.00 (i) Itemized (use Schedule A) 2100.00 6531.00 (ii) Unitemized (iii) TOTAL (add 31446.00 139787.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 31446.00 139787.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 31446.00 139787.00 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 31446.00 139787.00 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal		
	(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
((b) Other Federal Operating	637.29	2090 26
	Expenditures(c) Total Operating Expenditures	037.29	3089.36
	(add 21(a)(i), (a)(ii) and (b))	637.29	3089.36
	Transfers to Affiliated/Other Party Committees	0.00	0.00
. (Contributions to Federal Candidates/Committees		
	and Other Political Committees	8000.00	128500.00
(Independent Expenditure (use Schedule E)	0.00	0.00
(Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
. 1	Loans Made	0.00	0.00
.	Refunds of Contributions To: (a) Individuals/Persons Other		
`	Than Political Committees	0.00	1100.00
((b) Political Party Committees	0.00	0.00
((c) Other Political Committees (such as PACs)	0.00	0.00
((d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	1100.00
. (Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	8637.29	132689.36
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	222 22	10000 55
	from Line 31)	8637.29	132689.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	otal Contributions (other than loans) om Line 11(d), page 3)	31446.00	139787.00
-	otal Contribution Refunds	0.00	1100.00
	t Contributions (other than loans) ubtract Line 34 from Line 33)	31446.00	138687.00
	otal Federal Operating Expenditures and Line 21(a)(i) and Line 21(b))	637.29	3089.36
	fsets to Operating Expenditures om Line 15, page 3)	0.00	0.00
	t Operating Expenditures ubtract Line 37 from Line 36)	637.29	3089.36

FE6AN026

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 23 (check only one) X
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to EONS POLITICAL ACTION COMMITTEE	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Giorgio M. Aru		Date of Receipt
Mailing Address 153 Overlook Poi	07 15 2008	
City	State Zip Code	Transaction ID: SA11AI.8438
Ridgeland	MS 39157	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer University of Mississippi	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Dr. Nicholas V. Augelli	Date of Receipt	
Mailing Address 3232 Valleywynd	07 01 2008	
City	State Zip Code	Transaction ID: SA11AI.8377
Bettendorf	IA 52722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Genesis Health System	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Lenox D. Baker, Jr.	L	Date of Receipt
Mailing Address 400 West Bramb	leton Avenue	07 01 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.8379
Norfolk	VA 23510	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Mid Atlantic CT Surgeons	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optic	nal)	5865.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 23 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEO	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. William A. Baumgartner Mailing Address 2 Malvern Court			Date of Receipt
City Baltimore FEC ID number of contributing	State MD	Zip Code 21204	Transaction ID: SA11AI.8381 Amount of Each Receipt this Period
Receipt For: Primary General	Occupation Physician Aggregate		500.00
Full Name (Last, First, Middle Initial) Dr. Allan M. Brants Mailing Address 4101 West Conejos City	State	Zip Code	Date of Receipt 0 7 0 8 2 0 0 8
Denver FEC ID number of contributing federal political committee.	CO Cocupatio	80204	Transaction ID: SA11AI.8387 Amount of Each Receipt this Period 500.00
Name of Employer C.V.S. Receipt For: Primary General Other (specify) ▼	Physicia		
Full Name (Last, First, Middle Initial) Dr. Robert H. Breyer Mailing Address 2800 North Sheridal	n Road		Date of Receipt 0 7 1 1 1 2 0 0 8
City Chicago FEC ID number of contributing federal political committee.	State IL	Zip Code 60657	Transaction ID: SA11AI.8431 Amount of Each Receipt this Period 365.00
Name of Employer Lincoln Park Cardiovascul- ar Receipt For:	Occupatio Physicial		
Primary General Other (specify) ▼	, iggi ogale	365.00	
SUBTOTAL of Receipts This Page (optional)		1365.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 23 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. F. Curtis Bryan, II. Mailing Address 314 Wildwood Dur	nes Trail		Date of Receipt
City Myrtle Beach	State SC	Zip Code 29572	Transaction ID: SA11AI.8399 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Coastal Cardiovascular Surgery Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Dr. Peter W. Conrad Mailing Address 4120 North Ridge	view Road		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8409
McLean	VA	22101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Retired	Occupation Physician	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Edward F. Crocker, Jr.	'		Date of Receipt
Mailing Address 2222 7th Street No	orth		07 08 2008
City	State	Zip Code	Transaction ID: SA11AI.8389
Columbus FEC ID number of contributing federal political committee.	MS C	39701	Amount of Each Receipt this Period 250.00
Name of Employer Baptist Hospital	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)		1000.00

Any information c	opied from such Reports and St	tatements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial NAME OF CC	purposes, other than using the MMITTEE (In Full) OF THORACIC SURGEONS	name and add	dress of any political committee to	solicit contributions from such committee.
A. Dr. Michael J. [st, First, Middle Initial) DaValle SS 215 East 1st Street			Date of Receipt 0 7 0 8 2 0 0 8
City		State	Zip Code	Transaction ID: SA11Al.8430
<u>Hinsdale</u>		IL	60521	Amount of Each Receipt this Period
FEC ID number federal political	er of contributing I committee.	C		500.00
Name of Empl Cardiac Surge	oyer ery Associates	Occupation Physician		
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (La B. Dr. Harry J. De	st, First, Middle Initial) Pan			Date of Receipt
Mailing Addres	ss 2447 York Seat Road			07 08 2008
City		State	Zip Code	Transaction ID: SA11AI.8429
Schenectad FEC ID numb federal politica	er of contributing	C	12309	Amount of Each Receipt this Period 500.00
Name of Empl Albany Cardio geons	oyer thoracic Sur-	Occupation Physician		
Receipt For: Primary	General pecify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (La C. Dr. Mark A. Gro	st, First, Middle Initial) oh			Date of Receipt
Mailing Addres	ss 338 Hollywood Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Fairview</u>		State NC	Zip Code 28730	Transaction ID: SA11AI.8466 Amount of Each Receipt this Period
FEC ID number federal political	er of contributing I committee.	C		2500.00
Name of Empl Asheville Card	oyer liovascular	Occupation Physician		
Receipt For: Primary Other (s	General pecify) ▼		Year-to-Date ▼ 2500.00	
SUBTOTAL of F	Receipts This Page (optional)			3500.00

Mailing Address 16955 Old River Drive	[SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 23 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
A. Dr. Jehn R. Handy Mailing Address 16955 Old River Drive City Lake Oswego OR 97034 FEC ID number of contributing federal political committee. Name of Employer Western Bagitst Medical Physician Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ FILI Name (Last, First, Middle Initial) Dr. W. Robin Howe Western Bagitst Medical Physician Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ FEC ID number of contributing federal political committee. Name of Employer Western Bagitst Medical Physician Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. W. Robin Howe Name of Employer Western Bagitst Medical Physician Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Thomas F. Kelly Mailing Address 1880 Arlington Street City State Zip Code Sarasota FEC ID number of contributing federal political committee. C. Date of Receipt Transaction ID: SA11Al.8393 Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Dr. Thomas F. Kelly Mailing Address 1880 Arlington Street City Sarasota FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ Occupation Physician Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Thomas F. Kelly Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Thomas F. Kelly Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Thomas F. Kelly Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Thomas F. Kelly Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Thomas F. Kelly Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Thomas F. Kelly Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Thomas F. Kelly Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Thomas F. Kelly Aggregate Year-to-Date Transactio		NAME OF COMMITTEE (In Full)			solicit contributions from such committee.
City State Zip Code	Α.	Dr. John R. Handy			-
Lake Oswego OR 97034 FEC ID number of contributing federal political committee. Name of Employer The Oregon Clinic Physician Receipt For: Primary General Other (specify) ▼ 1000.00 B. Dr. W. Robin Howe Mailing Address P.O. Box 7908 City State Zip Code KY 42001 FEC ID number of contributing federal political committee. Name of Employer Western Baptist Medical Physician Receipt For: Primary General Other (specify) ▼ 500.00 Full Name (Last, First, Middle Initial) Dr. Thomas F. Kaily Mailing Address 1880 Arlington Street City State Zip Code Ry 42001 FEC ID number of contributing federal political committee. City State Zip Code Physician Receipt For: Primary General Other (specify) ▼ 500.00 Date of Receipt Inits Period Transaction ID: SA11Al.8393 Amount of Each Receipt Inits Period Transaction ID: SA11Al.8493 Amount of Each Receipt Inits Period Transaction ID: SA11Al.8467 Amount of Each Receipt Inits Period FEC ID number of contributing federal political committee. City State Zip Code FL 34239 FEC ID number of contributing federal political committee. City State Zip Code FL 34239 FEC ID number of contributing federal political committee. City State Zip Code FL 34239 FEC ID number of contributing federal political committee. City State Zip Code FL 34239 FEC ID number of contributing federal political committee. City State Zip Code FL 34239 FEC ID number of contributing federal political committee. City State Zip Code FL 34239 FEC ID number of contributing federal political committee. City State Zip Code FL 34239 FEC ID number of contributing federal political committee. City State Zip Code FL 34239 FEC ID number of contributing federal political committee. City State Zip Code FL 34239 FEC ID number of contributing federal political committee. City State Zip Code FL 34239 FEC ID number of contributing federal political committee. City State Zip Code FL 34239 FEC ID number of contributing federal political commitee. City State Zip Code FL 34239 FEC ID number of contributing		Mailing Address 16955 Old River Drive			
FEC ID number of contributing federal political committee. Name of Employer The Oregon Clinic Physician Receipt For:		-		•	
Name of Employer The Organic Clinic Receipt For:		•	OR	97034	Amount of Each Receipt this Period
Receipt For: Primary General Aggregate Year-to-Date ▼			C		1000.00
Primary General 1000.00		Name of Employer The Oregon Clinic			
B. Dr. W. Robin Howe Mailing Address P.O. Box 7908 City State Zip Code KY 42001 FEC ID number of contributing federal political committee. Name of Employer Western Baptist Medical Physician Receipt For: Primary General Other (specify) ▼ State Zip Code City State Zip Code State Zip Code State		Primary General	Aggregate	1000.00	
City State Zip Code Paducah KY 42001 FEC ID number of contributing federal political committee. Name of Employer Western Baptist Medical Primary General Other (specify) ▼ State Zip Code Sarasota FL 34239 Final Name of Employer Self Primary General Other (specify) ▼ State Zip Code Sarasota FL 34239 Fec ID number of contributing federal political committee. City State Zip Code FL 34239 Final Name of Employer Self Primary General Other (specify) ▼ State Zip Code FL 34239 Fec ID number of contributing federal political committee. Name of Employer Self Primary General Other (specify) ▼ State Zip Code FL 34239 Fec ID number of contributing federal political committee. Name of Employer Self Primary General Other (specify) ▼ State Zip Code Self Physician Physician Receipt For: Aggregate Year-to-Date ▼ Sou.00	- R				Date of Receipt
Paducah FEC ID number of contributing federal political committee. Name of Employer Western Baptist Medical Primary General Other (specify) ▼ C. Date of Receipt Aggregate Year-to-Date ▼ Other (specify) ▼ Date of Receipt Date of Receipt Name of Employer Western Baptist Medical Primary General Other (specify) ▼ Date of Receipt Date of Receipt Name of Employer Sarasota FL 34239 FEC ID number of contributing federal political committee. Name of Employer Self Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Solo.00	ъ.				M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Western Baptist Medical Receipt For: Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Dr. Thomas F. Kelly Mailing Address 1880 Arlington Street City State Zip Code FL 34239 FEC ID number of contributing federal political committee. Name of Employer Self Name of Employer Self Primary General Occupation Physician Aggregate Year-to-Date ▼ Cocupation Physician Aggregate Year-to-Date ▼ Occupation Physician Aggregate Year-to-Date ▼ Other (specify) ▼ Soo.00		City	State	Zip Code	Transaction ID: SA11AI.8393
Receipt For:		<u>Paducah</u>	KY	42001	Amount of Each Receipt this Period
Receipt For: Primary General			С		500.00
Primary General Other (specify) ▼		Name of Employer Western Baptist Medical			
C. Dr. Thomas F. Kelly Mailing Address 1880 Arlington Street City State Zip Code Sarasota FL 34239 FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M D D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Primary General	Aggregate		
City Sarasota FEC ID number of contributing federal political committee. Name of Employer Self Primary Other (specify) State Zip Code Transaction ID: SA11AI.8467 Amount of Each Receipt this Period 500.00 Aggregate Year-to-Date 500.00	- С.				Date of Receipt
Sarasota FL 34239 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Mailing Address 1880 Arlington Street			
FEC ID number of contributing federal political committee. Name of Employer Self Physician Receipt For: Primary General Other (specify) Other (specify) Occupation Physician Aggregate Year-to-Date 500.00		•		·	
Name of Employer Self Receipt For: Primary Other (specify) ▼ Occupation Physician Aggregate Year-to-Date 500.00			FL	34239	Amount of Each Receipt this Period
Self Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			C		500.00
Primary General Other (specify) ▼ 500.00		Self			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			2000.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	(1)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 23 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may the name and add	not be sold or used by any persoress of any political committee to	
SOCIETY OF THORACIC SURGEO	ONS POLITICA	L ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. Michael G. Koelsch			Date of Receipt
Mailing Address 7405 West Augusta			07 01 2008
City	State	Zip Code	Transaction ID: SA11AI.8382
Yorktown	IN	47396	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Corvasc	Occupation Physician		
Receipt For:	 ' _ ' 	Year-to-Date ▼	
Primary General Other (specify) ▼	00 101/10	500.00	
Full Name (Last, First, Middle Initial) Dr. John F. Krahnert			Date of Receipt
Mailing Address 1600 Morganton Ro	pad		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8404
Pinehurst	NC	28374	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer First Health Moore Hospit- al	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Alan P. Kypson	_		Date of Receipt
Mailing Address 1810 Bloomsbury F	Road		07 01 YYYYY 2008
City	State	Zip Code	Transaction ID: SA11AI.8383
Greenville	NC	27858	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer ECU, Brody School of Medi- cine	Occupation Physician		7
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
			1865.00

Any information copied from such Reports and Stat or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS Full Name (Last, First, Middle Initial) Dr. Clifton T.P. Lewis Mailing Address 1875 Oleander Street City Sarasota FEC ID number of contributing federal political committee. Name of Employer Sarasota Cardiothoracic Surg Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Michael L. Maggart Mailing Address 101 Blount Avenue, Sout City	State FL Occupation Physiciar	AL ACTION COMMITTEE Zip Code 34239	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr. Clifton T.P. Lewis Mailing Address 1875 Oleander Street City Sarasota FEC ID number of contributing federal political committee. Name of Employer Sarasota Cardiothoracic Surg Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael L. Maggart Mailing Address 101 Blount Avenue, Sout	C Occupation Physician	34239 n	Transaction ID: SA11AI.8423 Amount of Each Receipt this Period
Mailing Address 1875 Oleander Street City Sarasota FEC ID number of contributing federal political committee. Name of Employer Sarasota Cardiothoracic Surg Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael L. Maggart Mailing Address 101 Blount Avenue, Sout	C Occupation Physician	34239 n	Transaction ID: SA11AI.8423 Amount of Each Receipt this Period
Sarasota FEC ID number of contributing federal political committee. Name of Employer Sarasota Cardiothoracic Surg Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael L. Maggart Mailing Address 101 Blount Avenue, Sout	C Occupation Physician	34239 n	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Sarasota Cardiothoracic Surg Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Michael L. Maggart Mailing Address 101 Blount Avenue, Sout	Occupation Physician	n	
federal political committee. Name of Employer Sarasota Cardiothoracic Surg Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael L. Maggart Mailing Address 101 Blount Avenue, Sout	Occupation Physician		500.00
Surg Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael L. Maggart Mailing Address 101 Blount Avenue, Sout	Physiciar		
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Michael L. Maggart Mailing Address 101 Blount Avenue, Sout	Aggregate	!!	
Full Name (Last, First, Middle Initial) Dr. Michael L. Maggart Mailing Address 101 Blount Avenue, Sout		e Year-to-Date ▼	1
Dr. Michael L. Maggart Mailing Address 101 Blount Avenue, Sout City		500.00	
Mailing Address 101 Blount Avenue, Sout			Date of Receipt
•	itheast		0 7 0 1 2 0 0 8
	State	Zip Code	Transaction ID: SA11AI.8385
<u>Knoxville</u>	TN	37920-1669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2000.00
Name of Employer East Tennessee Cardiovasc- ular	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Dr. Thomas J. Merle			Date of Receipt
Mailing Address 8222 Old Woods Court			07 15 2008
City	State	Zip Code	Transaction ID: SA11AI.8439
Springboro	OH	45066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Kettering Cardio and Vasc- ular	Occupation Physician		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
SUBTOTAL of Receipts This Page (optional)			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 23 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE	ONS POLITICA	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. Michael C. Murphy			Date of Receipt
Mailing Address 217 Linden Avenue	M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O		
City	State	Zip Code	Transaction ID: SA11AI.8427
Clayton FEC ID number of contributing federal political committee.	MO C	63105	Amount of Each Receipt this Period 500.00
Name of Employer CTV Surgery	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Gordon F. Murray	I		Date of Receipt
Mailing Address 4217 Skeffington C	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Southport	State NC	Zip Code 28461	Transaction ID: SA11AI.8416 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20101	1000.00
Name of Employer Retired	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. John C. Myers			Date of Receipt
Mailing Address 8526 Spring Brook	Road		0 7 1 1 2 0 0 8
City Rockford	State IL	Zip Code	Transaction ID: SA11AI.8432
FEC ID number of contributing federal political committee.	C	61114	Amount of Each Receipt this Period
Name of Employer Rockford Surgical Service	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 600.00	
SUBTOTAL of Receipts This Page (options	al)		1600.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 23 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEON	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Daniel P. O'Hair Mailing Address 309 Park Avenue City Pewaukee FEC ID number of contributing federal political committee.	State WI	Zip Code 53072	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		
В.	Full Name (Last, First, Middle Initial) Dr. Nicholas L. Ogburn Mailing Address 14015 Cooley Road			Date of Receipt M
	City Princess Anne	State MD	Zip Code 21853	Transaction ID: SA11AI.8405 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	21000	1000.00
	Name of Employer CV Surgical Associates	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
С.	Full Name (Last, First, Middle Initial) Dr. Paul E. Seifert Mailing Address 2160 Serene Circle			Date of Receipt 0 7 0 8 2 0 0 8
	City	State	Zip Code	Transaction ID: SA11AI.8398
	Brookfield FEC ID number of contributing federal political committee.	C	53045	Amount of Each Receipt this Period 700.00
	Name of Employer West Suburban Cardiothora- cic	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 700.00	
	SUBTOTAL of Receipts This Page (optional)			2065.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 23 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGE	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. W. Ford Simpson, Jr. Mailing Address 12 Lauderhill			Date of Receipt
City Tuscaloosa	State AL	Zip Code 35406	Transaction ID: SA11AI.8406 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	n	500.00
Name of Employer Simpson Newsom Cardiovascular Receipt For: Primary General Other (specify) ▼	Physiciar		
Full Name (Last, First, Middle Initial) Dr. Herbert E. Sloan Mailing Address 471 Barton Drive, N	North		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.8419
Ann Arbor	MI	48105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Retired	Occupation Physician	า	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Norman W. Thoms			Date of Receipt
Mailing Address 5420 Southeast 37	ih Street		07 15 2008
City	State	Zip Code	Transaction ID: SA11AI.8420
Tecumseh FEC ID number of contributing federal political committee.	C	66542	Amount of Each Receipt this Period 356.00
Name of Employer Retired	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 356.00	
SUBTOTAL of Receipts This Page (optional	 al)		1856.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 23 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEO	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Bruce M. Toporoff Mailing Address 1700 North Rose Av City Oxnard FEC ID number of contributing federal political committee. Name of Employer CVTS of Ventura County Receipt For: Primary General	State CA C Occupation Physician	1 Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) Full Name (Last, First, Middle Initial) Dr. Alfredo Trento Mailing Address 25126 Pacific Coas City	State	1000.00 Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Malibu FEC ID number of contributing federal political committee. Name of Employer Cedar-Sinai Medical Center Receipt For: □ Primary □ General □ Other (specify) ▼	CA C Occupation Physician Aggregate		Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Dr. Gene E. Tullis Mailing Address 1651 37th Avenue F City Greeley FEC ID number of contributing federal political committee.	Place State CO C	Zip Code 80634	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Banner Health-North Color- ado Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate		
SUBTOTAL of Receipts This Page (optional	l)		2500.00

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 17 / 23 (check only one)					
TEMIZED TIESEN 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEON	IS POLITICA	AL ACTION COMMITTEE						
Full Name (Last, First, Middle Initial) A. Dr. Phillip N. West			Date of Receipt					
Mailing Address 2114 Mount Calvary R	Road		0 7 1 1 2 0 0 8					
City	State	Zip Code	Transaction ID: SA11Al.8437					
Santa Barbara	CA	93105	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		1000.00					
Name of Employer Self	Occupation Physicia							
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00						
Full Name (Last, First, Middle Initial) Dr. Barry L. Winton			Date of Receipt					
Mailing Address 4142 Audubon Way			M M / D D / Y Y Y Y Y O N N N N N N N N N N N N N N					
City	State	Zip Code	Transaction ID: SA11AI.8436					
Billings	MT	59106	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		365.00					
Name of Employer St. Vincent Hospital	Occupation Physicia							
Receipt For:	Aggregate	e Year-to-Date ▼						
Primary General Other (specify) ▼	0 0	365.00						
Full Name (Last, First, Middle Initial) Dr. Daniel S. Woolley	ı		Date of Receipt					
Mailing Address 2494 Bernville Road			07 15 2008					
City	State	Zip Code	Transaction ID: SA11AI.8445					
Reading	PA	19605	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		1000.00					
Name of Employer St. Joseph Medical Center	Occupation Physicia							
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00						

A.

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 18/23 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Date of Receipt Dr. George L. Zorn, Jr. Mailing Address 3116 Old Ivy Road 07 17 2008 City State Zip Code Transaction ID: SA11AI.8465 Irondale Αl 35210 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Retired Occupation Physician Receipt For: Aggregate Year-to-Date Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	29346.00

В.

C.

ago# 200011 10000			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE N	one)
	Detailed Summary Page	X 21b 27	22
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			r the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS PO	LITICAL ACTION COMM	IITTEE	
Full Name (Last, First, Middle Initial) American Express			Transaction ID: SB21B.8449 Date of Disbursement
Mailing Address P.O. Box 53852			07
	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees			50.38
Candidate Name		Category/ Type	
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial)			
American Express			Transaction ID: SB21B.8451 Date of Disbursement
Mailing Address P.O. Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 0 & 8 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
•	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees			16.25
Candidate Name		Category/ Type	
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: SB21B.8452 Date of Disbursement
Mailing Address P.O. Box 53852			077 7 11 7 2008
	State Zip Code AZ 85072		Amount of Each Disbursement this Period
Purpose of Disbursement Credit Card Fees			11.86
Candidate Name		Category/ Type	
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)		
State: District:	V 1 = 37 ▼		
SUBTOTAL of Disbursements This Page (optional)			78.49

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В.

C.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: PAGE 20 / 23 Use separate schedule(s) (check only one) for each category of the 21b 22 23 24 25 26 Detailed Summary Page 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Transaction ID: SB21B.8459 American Express Date of Disbursement 15 2008 Mailing Address P.O. Box 53852 City State Zip Code Amount of Each Disbursement this Period ΑZ 85072 Phoenix 47.61 Purpose of Disbursement Credit Card Fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.8460 American Express Date of Disbursement 2008 Mailing Address P.O. Box 53852 City State Zip Code Amount of Each Disbursement this Period Phoenix ΑZ 85072 81.25 Purpose of Disbursement Credit Card Fees Candidate Name Category/ Туре Office Sought: House Disbursement For: Senate Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.8462 American Express Date of Disbursement 2 9 2008 Mailing Address P.O. Box 53852 City State Zip Code Amount of Each Disbursement this Period Phoenix ΑZ 85072 4.50 Purpose of Disbursement Credit Card Fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: 133.36 SUBTOTAL of Disbursements This Page (optional) ... \blacktriangleright

TOTAL This Period (last page this line number only)

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В.

SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 21 / 23 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Transaction ID: SB21B.8450 Merchant Services Date of Disbursement 0 2 o[™] 7 2008 Mailing Address 7300 Chapman Highway City State Zip Code Amount of Each Disbursement this Period Knoxville ΤN 37920 341.18 Purpose of Disbursement Credit Card Fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB21B.8463 SunTrust Date of Disbursement o^M7 2008 Mailing Address P.O. Box 622227 City State Zip Code Amount of Each Disbursement this Period 32862-2227 Orlando FL 84.26 Purpose of Disbursement Bank Charges Candidate Name Category/ Type Office Sought: House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	•	425.44
TOTAL This Period (last page this line number only)	•	637.29

Primary

Other (specify)

State:

•		Use separate schedule(s) FOR LINE NUMBER (check only one)						23						
TEMIZED DISB	URSEMEN	TS	for each o	category of the Summary Page		$\stackrel{\cdot}{\Box}$ 2	21b 27	22 28a	X	23 28b	24 280	, F	25 29	
ny Information copied from														
NAME OF COMMITT		ig the name a		ss of arry political	COII	IIIIIIII	5 10 50	iicii com	iibuti	0115 111	JIII SUCI	COIIII	milee	
SOCIETY OF THO	, ,	EONS POL	LITICAL	ACTION COM	MIT	TEE								
Full Name (Last, First CITIZENS FOR AI										-	SB20	3.846	64	
Mailing Address	P.O. BOX 1776	;						0 ^M 7	M /	1	^D 7	ÝŽ	0 ŏ 8	Y
City FREEDOM			tate PA	Zip Code 15042				Amo	unt of	Each	Disburs	-		
Purpose of Disbursen	nent				Г			L.				1(00.00)
Candidate Name JASON ALTMIRE					С	ategor Type	ry/							
Office Sought: X	House Senate President		nent For: Primary Other (spe	2008 X General										
State: PA Dis	strict: 04			<i>→</i> , ▼										
Full Name (Last, First FRIENDS OF GOI										sburse	SB20	3.845	6	
Mailing Address 2	228 SOUTH W	 ASHINGTC	N STRE	ET				0 ^M 7	M /	^D 2	8 8	Ž	0 ŏ 8	Y
City ALEXANDRIA			tate 'A	Zip Code 22314				Amo	unt of	Each	Disburs	emen	t this F	Perio
Purpose of Disbursen	nent				Г			L.				1(00.00)
Candidate Name GORDON HAROL	D SMITH				С	ategor Type	y/							
Office Sought:	House Senate President		nent For: Primary Other (spe	2008 X General cify) ▼										
	strict: 00			· 										
Full Name (Last, First PAT ROBERTS FO								Date		sburse	SB20 ement	3.844	7	
Mailing Address [P.O. BOX 433							o ^M 7	M	1	1 /	Ý Ž	0 0 8	Y
City GREAT BEND			tate (S	Zip Code 67530				Amo	unt of	Each	Disburs	emer	t this F	Perio
Purpose of Disbursen	nent				Г			L.		-		1(00.00)
Candidate Name PAT ROBERTS					С	ategor Type	ry/							
Office Sought:	House Senate President		nent For: Primary Other (spe	2008 General										
State: KS Dis	strict: 00		Janor (Spe	y) ▼										

SCHEDULE B (FEC Form 3X)	FOR LINE	NUMBER: PAGE 23 / 23
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page 27 27	110111=111
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) SOCIETY OF THORACIC SURGEONS PC	DLITICAL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) SEARCHLIGHT LEADERSHIP FUND Mailing Address 607 14TH STREET, NOF	THWEST	Transaction ID: SB23.8453 Date of Disbursement O 7 D 2 8 V 2 0 0 8
WASHINGTON Purpose of Disbursement	State Zip Code DC 20005	Amount of Each Disbursement this Period 5000.00
CONTRIBUTION Candidate Name	Category/ Type	
Senate President	ment For: Primary General Other (specify)	
State: District:		

		5000 00
SUBTOTAL of Disbursements This Page (optional)	>	5000.00
TOTAL This Period (last page this line number only)	•	8000.00